

FILED MAY 24 1944

Registration District No. **120**

Primary Registration District No. **2000**

1. PLACE OF DEATH:

(a) County **Greene**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
627 S. Broad
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME **Lillie May Lusk**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **Unknown**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Robert J. Lusk** 6. (c) Age of husband or wife if alive **Unknown** years
7. Birth date of deceased **August 18, 1867**
(Month) (Day) (Year)

8. AGE: Years **76** Months **8** Days **20** If less than one day
hr. min.

9. Birthplace **Unknown Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **In Home**

MOTHER FATHER { 12. Name **Hudson Platte**
13. Birthplace **unk. unk. A**
(City, town, or county) (State or foreign country)
14. Maiden name **unk. Moorehouse**
15. Birthplace **unk. unk. A**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. G. E. McCall**

(b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **May 10, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **HAZELWOOD CEMETERY**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**

(b) Address **Springfield, Missouri**

19. (a) **5-10-44** (b) **Dr. W. S. Haulley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**
(c) City or town **Springfield** **2**
(If outside city or town limits, write "RURAL.")
(d) Street No. **627 S. Broad**
(If rural, give location) **6**
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **8**,
year **1944** hour **9** minute **P.** M.

21. I hereby certify that I attended the deceased from **March 31**, 19**44** to **May 8**, 19**44**
and that I last saw her alive on **May 8**, 19**44**
and that death occurred on the date and hour stated above.
Immediate cause of death **Myocardial insufficiency** Duration **2 Mo.**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident; suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? (e) Manner of injury

23. Signature **Dr. W. S. Haulley** (City or town) (County) (State)

Address **Spfld., Mo.** Date signed **5-7-44**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Harlow Knabb
Licensed Embalmer No. 4065
P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.